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STATE OF MONTANA

DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

REPORT ON THE EVALUATION OF THE STATE LEVEL ALCOHOL SERVICES PROGRAM

FINDINGS AND RECOMMENDATIONS

PREPARED FOR
JOHN S. ANDERSON M.D.
DIRECTOR

MAY 5, 1975

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ARTHUR YOUNG & COMPANY

FINANCIAL CENTER
1215 FOURTH AVENUE
SEATTLE, WASHINGTON 98161

May 9, 1975

John S. Anderson, M.D.
Director
Department of Health
and Environmental Sciences
State of Montana
Helena, Montana 59601

Dear Dr. Anderson:

We are pleased to present you with our final report on the findings and recommendations that resulted from our evaluation of the state-wide Alcohol Services program.

In Part A, Findings, we have developed our conclusions around Alcohol Services Division (ASD) systems and external relationships. This format parallels our study approach where we reviewed the Alcohol Services Program from both internal and external perspectives.

Part B is a presentation of recommended solutions to the key issues that surfaced in the evaluation. We have attempted to structure these recommendations in a manner that will facilitate their accomplishment by the State of Montana. For example, in some cases we have provided suggested action plans and in others we have detailed only the end products leaving the approach to be developed by the ASD.

After this report has been reviewed by you, the Advisory Council, and other interested citizens we plan to be available for a question and answer session. We would suggest about a week to 10 days after you have received the report. We will confirm a

date with Mr. Robert Solomon in the next few days.

We wish to thank you, Mr. Solomon, the ASD Staff, members of the Advisory Council and other participating citizens for the cooperation and assistance provided us during the conduct of the study. It is clear to us that the interest displayed by all involved in the review should help facilitate implementation of the recommendations.

Should you have any questions regarding the content of this report, please feel free to contact Mr. R. C. Benson, Jr. directly at (206) 623-9000 or (206) 352-1020.

Yours very truly,

Arthur Young & Company

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PART A

FINDINGS

I. INTRODUCTION

I. INTRODUCTION

The purpose of this report is to describe in some detail the findings of the evaluation of the Alcohol Services of Montana State effort. The evaluation effort was divided into two major segments:

- A review and analysis of the policies, procedures, and activities of the Alcohol Services Division (ASD) and
- An accumulation and analysis of the perceptions and opinions of those entities that relate to ASD (i.e., local programs, MICADA, and the Advisory Council).

Together these segments provided a balanced approach to evaluation with the appropriate checks and balances.

The review and analysis of ASD's policies, procedures and activities was viewed from two perspectives - compliance with the provisions of Federal and State law, and adherence to principles of sound management. The accumulation and analysis of the perceptions and opinions of related entities was directed at the definition of roles and responsibilities with particular emphasis on communication channels and the decision-making processes.

Accordingly, the remainder of this part of the report is divided into the following sections:

II. Compliance review
III. Management systems review
IV. Roles and responsibilities
V. Other organizational considerations
VI. Decision-making processes

It is important to point out that while much of what follows focuses on weaknesses the purpose of this report is not to paint a dismal picture. Rather the purpose is to identify correctable weaknesses that appear to be a common source of problems for both ASD and the entities that relate to ASD.

II. COMPLIANCE REVIEW

II. COMPLIANCE REVIEW

A. BACKGROUND

The purpose of this section of the evaluation is to first identify the major provisions of Federal and State law under which the Alcohol Services Division (ASD) operates, and then to determine whether or not the ASD is substantially in compliance with those major provisions. This compliance review is differentiated from a full legal review and opinion in two important ways:

- The concern was with the major, substantive (i.e., alcohol services related) laws, and the major programmatic and administrative provisions of those laws and the related regulations.

- In determining whether or not the ASD was "in compliance", the basic judgment hinged on whether or not the ASD had taken reasonable steps to comply with the intent of the law.

Therefore, the results of this compliance review should be viewed as an indication of whether the ASD is, or is not, moving in a direction consistent with intent of Federal and State laws and regulations.

B. FEDERAL LAW

There are two basic Federal laws impacting the ASD:

- PL 91-616 - "Comprehensive Alcohol Abuse and Alcoholism Treatment and Rehabilitation Act of 1970".

- PL 93-282 - "Comprehensive Alcohol Abuse and Alcoholism Treatment and Rehabilitation Act of 1974".

PL 91-616 authorized three major initiatives in an attempt to foster comprehensive alcohol programs on a nation-wide basis:

- Established the National institute on Alcohol Abuse and Alcoholism (NIAAA).

- Authorized grants to States (formula grants) to plan, establish, maintain, coordinate and evaluate programs.

- Authorized project grants to be made available through NIAAA to specific alcohol programs.

P.L. 93-282, which amended P.L. 91-616, added the following two major initiatives to be carried out under the formula grants to States program:

- Authorized additional funds for the implementation of the "Uniform Alcoholism and Intoxication Treatment Act".

- Required that each State develop standards, enforcement procedures and penalties for construction and licensing of public and private treatment facilities and for other community services or resources available to assist alcohol abusers.

Administratively the provision of the above laws have been implemented through the "NIAAA Grant Program Guidelines and Regulations". The particular segment that is relevant to this review is "Section 5 - State Assistance Grants", which specifies the guidelines to be followed by single state agencies in developing, filing, and administering the State Plan (Federal compliance document); the State Plan being the vehicle used by the states to obtain formula grant funds.

The provisions or requirements of the laws and regulations can be divided into two types:

- Programmatic - dealing with the content of the program as defined in the State Plan.

- Administrative - dealing with the methods and procedures utilized to plan, implement, control and evaluate the program as defined in the State Plan.

The Programmatic requirements of the laws and regulations are very broad - permitting formula grant funds to be used for planning, establishing, maintaining, coordinating and evaluating programs for the prevention or treatment of alcohol abuse and alcoholism. The fact that, to date, the State Plans submitted by ASD have been approved by NIAAA is a good indication that the programmatic content of the Plans has been in concert with the legal requirements. One exception to the broad definition of program requirements is the requirement for construction and licensing standards to be developed. ASD has taken definitive steps to meet this requirement via the proposed rules for implementing sections 69-6216 through 69-6218 of R.C.M. 1947.

The administrative requirements, which are articulated primarily through the guidelines and regulations, are much more specific. The following table (Exhibit I) identifies these administrative requirements and indicates whether or not there is an existing or potential compliance problem.

ANALYSIS OF FEDERAL ADMINISTRATIVE REQUIREMENTS

Significant Requirements	Compliance by ASD
- Single State Agency must have sole authority for either administration of the State Plan, or supervision of the administration of the State Plan.	- ASD has been legally designated as the governmental agency responsible for the administration of the State Plan.

- The Advisory Council:
  - must include non-governmental organizations or groups to be served with attention to assuring representation of minority and poverty groups, and of public agencies concerned with the prevention and treatment of alcohol abuse and alcoholism,
  - should include a broad range of agency representation,
  - should include representatives of major population groups to be served,
  - should provide for geographic representation,
  - should include representatives of providers, consumers, and consumer advocates,
	- While the formal structure of the Advisory Council does not meet all the representation requirements, representation on the Advisory Council should not be considered a serious compliance problem. Advisory Council meetings are open, well advertised, and well attended. The minutes of meetings indicate that input is solicited and received from all those attending which fulfills the intent of the representation requirements.
	
	However, a more serious problem exists in that the Advisory Council does not have specific functions and authorities. This problem is discussed in greater detail in a latter section of this report.

- should have direct access to the single state agency,
- should have specific functions and authorities,
- must have their recommendations published in either the State Plan or via some other means; the recommendations must be available for public inspection.

Significant Requirements	Compliance by ASD
- Maintenance of effort - ASD must have procedures for assuring that the aggregate level of non-Federal funding available to and spent by the State and each other public or private non-profit agency receiving Federal funds under the Plan is no lower than in the previous year.	- ASD has no problem with this requirement at the state level; however, for those local programs receiving funds there is no procedure for assuring maintenance of effort. ASD has updated the application form used by local programs requiring that their total budget be detailed by fund source. However, the expenditure reports from local programs to ASD show only expenditures of Federal funds provided through ASD, thus excluding the information needed to determine actual maintenance of effort.
- Coordination: - The single state agency must review and comment on all applications for funding under Sec. 247 of the Community Mental Health Centers Act, and should have written procedures and criteria for conducting these reviews. - The single state agency should coordinate Federal fund applications with related agencies such as SRS, Institutions, etc.	- ASD does not have written procedures and criteria for conducting the Sec. 247 CMHC application reviews. ASD has conducted at least one such review, but NIAAA does not have procedures that guarantee or require the single state agency's (SSA) involvement in these reviews. While the A-95 Clearinghouse meets the requirements for coordination of all Federal fund applications, it is not clear that the A-95 Clearinghouse procedure ensures coordinated review among the related

agencies. This is not a criticism of the Montana A-95 procedure but rather an acknowledgment of the complex problem of trying to coordinate and integrate service programs and the multitude of federal fund requests arising from those programs.

Significant Requirements	ASD Compliance
- Administrative funds limited to 10% or $50,000 - whichever is less.	- ASD is in compliance
- Merit System employment - in the single state agency must establish and maintain personnel standards on a merit basis.	- ASD is in compliance
- Accounting and record keeping procedures - the detailed requirements all found in the "Department of Health, Education, and Welfare Grants Administration Manual". The major requirements relate to: - fund accountability - allowability and allocation of costs - controls over physical property - records retention	- At the state level, there are no apparent compliance problems; however, there are no definitive procedures by which ASD assures compliance with these requirements at the local level. While an independent audit has been incorporated as a requirement for local program funding, the scope of the audit requirement has not been specifically defined to include coverage of the requirements listed opposite.

- Reporting - The single state agency must submit annual expenditure and progress reports to NIAAA, as well as obligation reports indicating potential underexpenditure of Federal funds.	- ASD is in Compliance

C. STATE LAW

The major piece of Montana law governing the activities of ASD is referred to as "House Bill 909" which was signed into law in March 1974. Basically, the intent of H.B. 909 is very consistent with the previously discussed Federal Laws, in that it mandates the Department of Health and Environmental Sciences (DHES) to take two major initiatives:

- Establish a comprehensive and coordinated program for the treatment and prevention of Alcoholism and Alcohol Abuse.

- Develop facility and program standards for public and private alcohol treatment programs.

ASD has responded to the second mandated initiative by developing and publishing a proposed rule for implementing those sections of H.B. 909 that deal with facility and program standards. Although the proposed rule met with stiff opposition from local programs, the conflict resulted in an approach for modifying the proposed rule. This activity is certainly an indication that ASD has taken the appropriate steps to assure compliance with a portion of H.B. 909.

The details defining the first initiative are found in two sections:

- Sec. 69-6214 - spelling out seventeen (17) specific duties of DHES, or more specifically ASD, and

- Sec. 69-6215 - defining the scope of the comprehensive and coordinated program. When viewed as a single initiative, the duties spelled out in 69-6214 really provide the means by which ASD is to establish the comprehensive and coordinated program defined in

Sec. 69-6215. Therefore, the compliance review focused on the provisions of Sec. 69-6214, because it speaks to the specific activities or efforts in which ASD should be engaged. Sec. 69-6214 articulates the duties of ASD under seventeen (17) separate points. It should be noted that many of these duties utilize terms such as "encourage" and "cooperate" which are rather difficult to evaluate from a compliance point of view.

Rather than dealing with each of the seventeen duties separately, the following paragraphs focus on only the potential compliance problem areas. These compliance problems may relate to a specific duty or a combination of duties as stated specifically or implied in Sec. 69-6214.

- Technical assistance to local programs

  While it is clear that ASD does provide financial assistance to local programs, and does maintain reasonably regular contact with these programs, ASD's approach to technical assistance has been somewhat fragmented. In support of this observation two specific points are referenced:

  - The site visits by ASD staff have been utilized to address a very broad spectrum of problems and issues - ranging from training of local boards to technical operating problems. While these problems and issues are all valid, the broad scope of the approach has somewhat hampered ASD's capability to provide comprehensive and sustained assistance to any particular program in any particular area.

  - ASD has not developed standard models, guidelines, formats, etc., that address such problem areas as accounting systems, record keeping procedures, and client record formats.

  These points seem particularly relevant in light of the limited size of the ASD staff.

- Cooperation with other State agencies

Prior to executive reorganization and the subsequent reorganization of the Advisory Council, the membership on the council included high level representatives from related State agencies. This apparently provided a good forum for exploring opportunities for inter-agency cooperation. However, no definitive steps have been taken since the reorganization to develop and formalize relationships with these related agencies. This step would seem important because of the following requirements contained in Sec. 69-6214:

- cooperate with the Department of Institutions and Board of Pardons in establishing and conducting programs to provide treatment for alcoholics and intoxicated persons in or on parole from penal institutions;

- cooperate with the Department of Education... in establishing programs for the prevention of alcoholism and treatment of alcoholics and intoxicated persons, and preparing curriculum materials thereon for use at all levels of education;

- cooperate with the Department of Justice in establishing and conducting programs designed to deal with the problems of persons operating motor vehicles while intoxicated.

While there are clearly some impediments to achieving results in these areas by January 1, 1976, it does seem important that ASD be able to document the specific steps taken toward developing cooperative efforts with these agencies.

- Uniform Statistical Methods

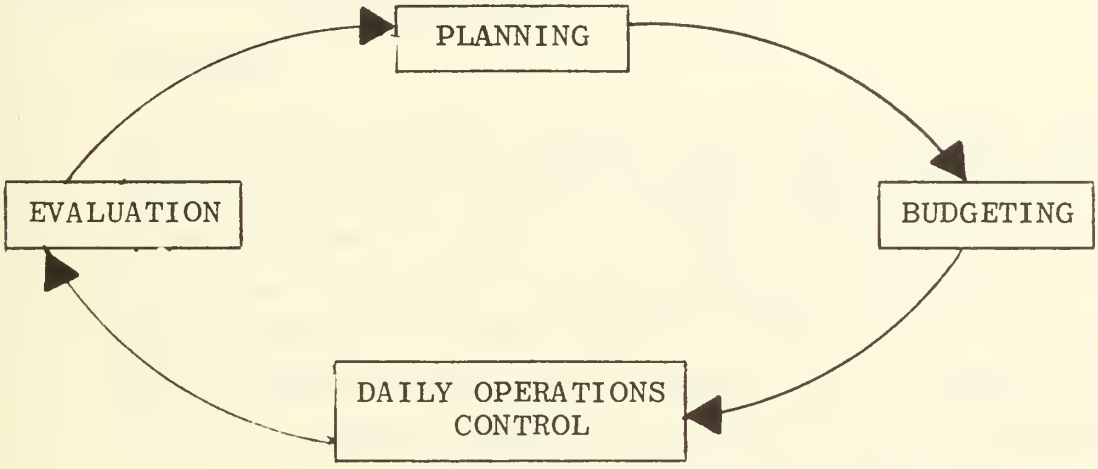
Uniform statistical methods are particularly difficult to achieve in a situation that involves widely dispersed (geographically) programs with a wide disparity in the individual program's ability, willingness, and need to compile and report statistical information. Nevertheless, a reliable and complete data base is essential if ASD is to engage in alcohol program planning and evaluation on a statewide basis. ASD has made a significant effort in this area. They have developed and tested statistical reporting systems in several programs. However, the problem lies not in the significance or integrity of the ASD effort, but rather in the approach. In order to develop a workable system, it is essential that the first step be a requirements study that addresses not only the statistical needs of ASD and the local programs, but also the ability of the individual programs, at all levels, to collect and compile the statistical data.

III. MANAGEMENT SYSTEMS REVIEW

III. MANAGEMENT SYSTEMS REVIEW

A. BACKGROUND

The management system of any organization can be generalized into the following diagram:



The elements of the system are diagrammed as a loop to indicate that these elements do occur in a particular sequence with the output of each particular element serving as the critical input to the succeeding element.

Management systems can be deficient for three primary reasons:

- Any one or more of the above elements may be improperly structured, or may even be non-existent,
- An element may be properly structured but not implemented, or
- While each element may be functioning correctly as an entity, the necessary relationships between the preceding and succeeding elements may be absent.

Accordingly, our evaluation of ASD's management systems focused on two key questions:

- is each element present, properly structured, and functioning?
- are the elements properly interrelated?

B. INDIVIDUAL SUBSYSTEM REVIEW

- Planning

ASD's basic program approach has been to make funds from two sources, Federal funds (NIAAA) and State general revenue funds (H.B. 909), available to local programs. The only planning that occurs relative to the distribution of these funds is evidenced by the State Plan (Federal compliance document) which deals only with the Federal funds. This is the first weakness of the planning system - it does not address the use of state funds; that is, a true (comprehensive) state plan for Alcohol Services is not developed.

This is a significant weakness for two reasons:

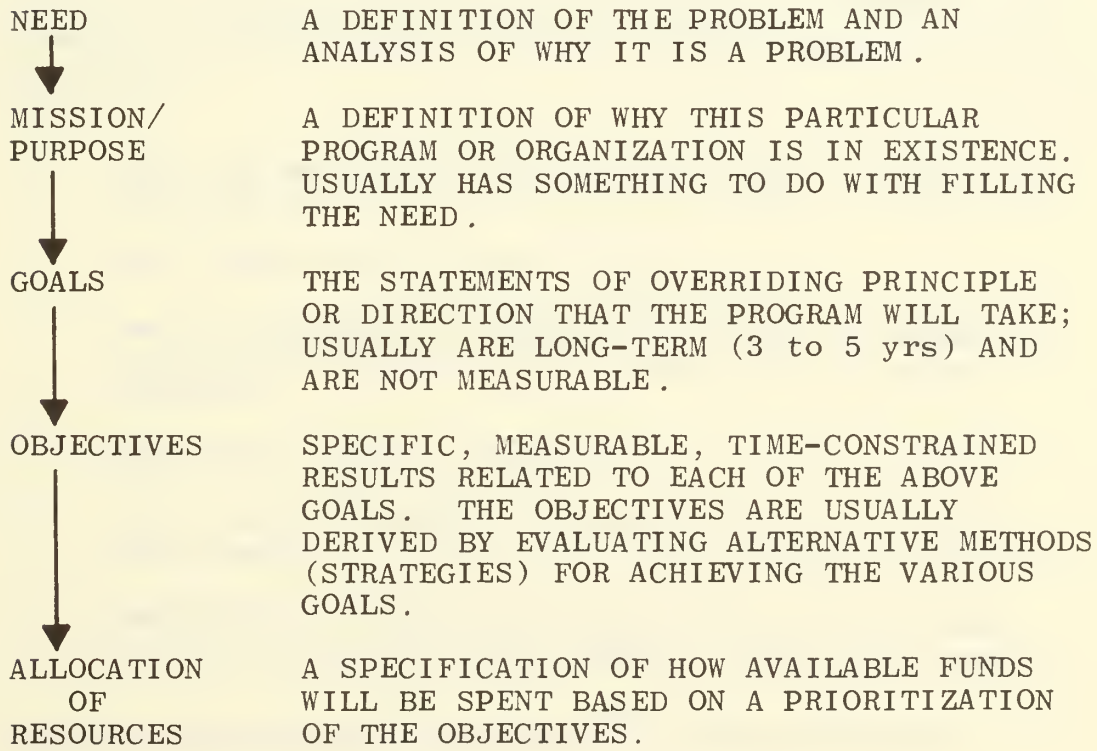
- The state funds represent approximately 70% of ASD funds available for local programming,
- The authorizing Federal and State legislation have a very similar intent thus encouraging and facilitating a common planning effort.

Keeping this problem in mind, the remainder of the evaluation will be limited to the planning process that surrounds the State Plan.

The State Plan* does contain the basic products that should result from a good planning effort:

- Mission statement,
- Goals and objectives, and
- Allocation of resources

However, the presence of these products does not necessarily indicate the existence of the process. Just as the management system is a series of interrelated events, so the planning process must have specific, interrelated events. Basically, the planning process can be portrayed in the following diagram:



The major problem with the existing planning process is that it does not represent a logical sequence of related events. Specifically, the following can be cited:

*The reference for this particular analysis is the 1975 State Plan

- While the mission statement deals with the major purpose/function of alcohol services, the goals and objectives are largely centered around ASD activities, thus excluding the local programs where the majority of the mission-related direct service activity occurs.

- The allocation of resources, in equal shares to the six regions, is not explained or justified by the goals and objectives.

Generally, the State Plan does not establish the necessary framework for accountability. Money is allocated and spent without any mechanism to determine that the results of those expenditures have brought the State closer to fulfilling the stated mission.

Assuming that the mission statement is acceptable, the planning process should provide answers to the following questions:

- Where do we want to be (service-wise) in three to five years?

- What paths can we take to get there?

- How reasonable is each path in light of expected funding, service delivery resources, and other factors?

- What path should we select?

- What are the specific milestones for that particular path?

- How should we spend our money this year to best attain or make progress towards those milestones?

The ASD planning process (The State Plan) does not provide answers to these vital questions.

To summarize, two major weaknesses exist in the planning process:

- State funds representing the majority of program funding are excluded from the existing planning process.
- The existing planning process, as represented in the State Plan, has the necessary elements of a good planning process, but not the required inter-relationship between those elements.

During the course of examining the planning process, several questions were raised regarding the viability of regionalizing the planning process, i.e., utilizing the CHP Regional Planning effort. From our standpoint, this approach deserves consideration. However, it is not an "either, or" question. The primary input to the state-wide plan could be developed at a regional level, but ASD must control the regional planning efforts in two important ways:

. ASD must develop statewide goals and specific objectives, which in turn would establish the substantive framework for the regional planning efforts.

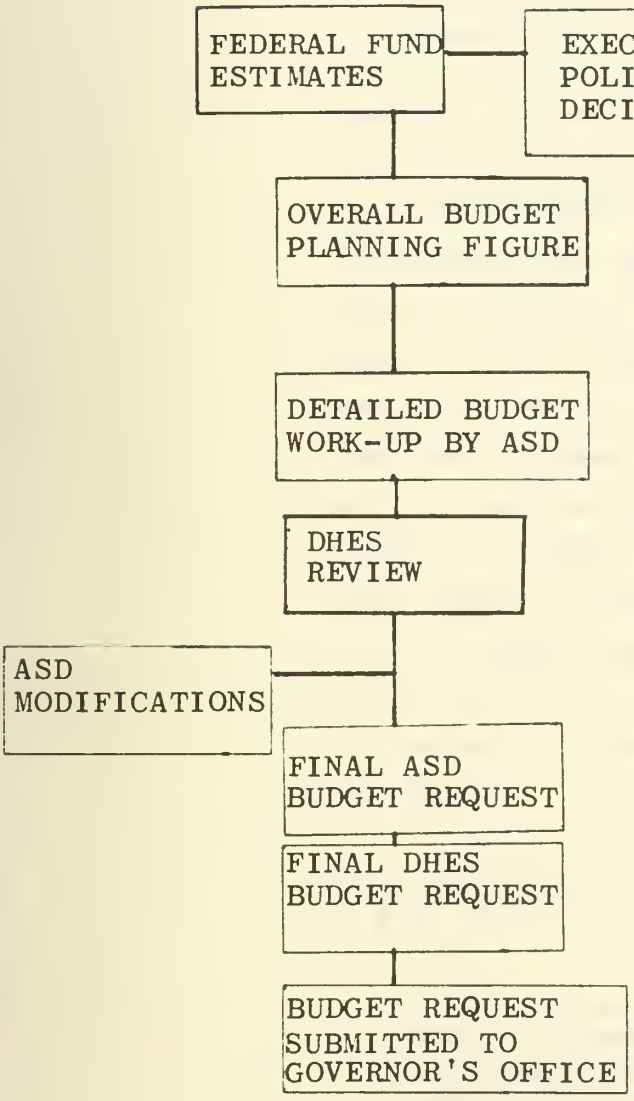
. ASD must prescribe the format and content requirements for the regional plans.

Each region would have the flexibility to develop a plan that addresses the priorities within the region, but the plans must be consistent with the direction in which the State wants to move. Additionally, the quality and format of all regional plans must meet certain baseline standards.

Although we did not have the opportunity to review each regional planning effort in detail, our examination of previous regional plans did reveal that they did not meet the above-mentioned requirements.

- Budgeting

ASD's budget development process is an integral part of the Executive Branch budget development process. The process is summarized in the following flow diagram:



THE BEGINNING POINT IS TO DEVELOP A TARGET BUDGET FIGURE FOR ASD BASED ON AN ESTIMATE OF FEDERAL FUNDS, AND AN ALLOCATION OF STATE FUNDS. THE ALLOCATION OF STATE FUNDS IS BASED ON POLICY DECISIONS AT THE "CABINET" LEVEL.

BASED ON THIS OVERALL TARGET FIGURE, ASD WORKS UP DETAILED BUDGET FORMS, BREAKING THE TOTAL FIGURE INTO FUNDS AND OBJECTS OF EXPENDITURE.

THE ASD DETAILED BUDGET WORK-UP IS REVIEWED JOINTLY BY ASD AND DHES CENTRAL OFFICE.

ASD MAKES MODIFICATIONS BASED ON THE REVIEW.

ASD SUBMITS FINAL BUDGET REQUEST TO DHES.

DHES COMBINES ASD BUDGET REQUEST WITH OTHER DEPARTMENTAL BUDGETS TO FORM THE DHES BUDGET REQUEST.

DHES SUBMITS BUDGET REQUEST TO THE GOVERNOR'S OFFICE (BUDGET AND PROGRAM PLANNING).

The first point to be made in evaluating the budget development process is to point out two significant facts:

- The ASD budget development is a part of the overall Executive branch process. As such it functions

within the rules, constraints, and procedures developed for that larger process. Our examination did not reveal any areas in which the ASD process was out of line with the Executive branch process.

- The actual Governor's Budget and legislative appropriations compare very favorably with the ASD budget request, indicating that the ASD process has, in the past, achieved its objective.

However, one problem area, or potential problem area should be pointed out. The detailed budget request does not include any written justification or analysis supporting the dollar figures. The problem is not that the written justification material does not appear in the budget request. (The format of this document, which is determined by the Governor's office, does not include such information.) Rather, the problem is that such material has not been developed by ASD as a basis for what does appear in the request. This would seem to indicate that the only justification for the budget is the estimated availability of funds; specifically the estimated availability of Federal funds, and estimated revenues derived under the provisions of H.B. 909.

This approach is deficient, particularly in relation to H.B. 909 funds, for several reasons:

- The revenues derived from the provisions of H.B. 909 are general fund monies. The intended uses of these funds is clear in H.B. 909, but without justification material it is difficult for the Legislature to determine that the budget request is consistent with the intended uses.

- As is evidenced in the current budget process, there is stiff competition for the use of H.B. 909 funds from other Departments. It would seem that the key to resolving this conflict would rest with the quality of the justification material.

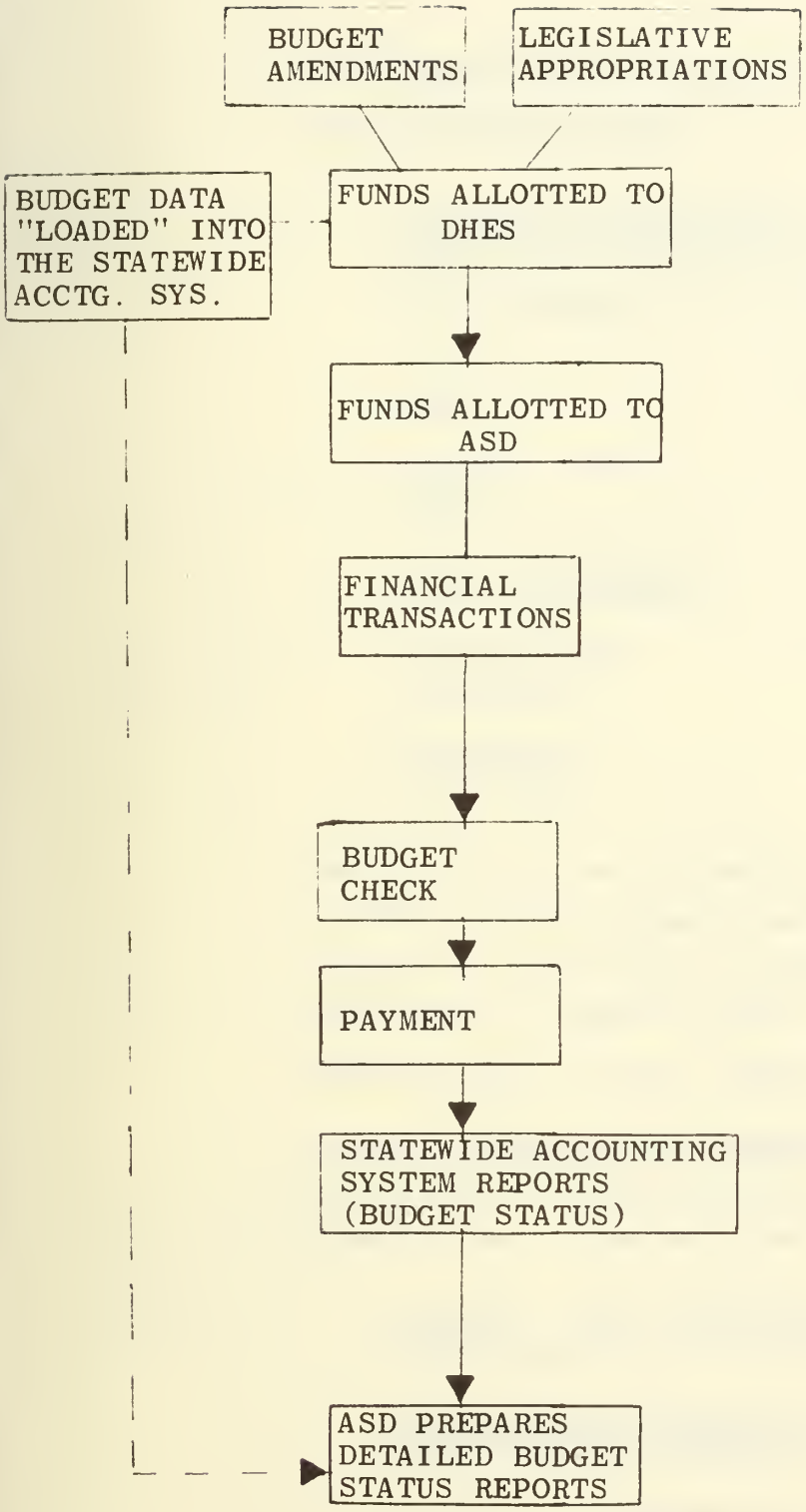
In short, there are no guarantees in the budgetary process. It is a competitive process, and the competitive advantage lies with the organization that can best support its request.

- Daily Operations/Control

In this area, ASD has two sub-systems that required examination:

- Fiscal Control - Control over the expenditure of appropriated funds, and
- Contracts Management - Control over the local programs to which ASD allocates funds via the contract mechanism.

Basically, the burden of ASD fiscal control is handled by the statewide accounting system. The general flow of the fiscal control system is displayed on the following diagram.



THIS REPRESENTS THE TWO WAYS IN WHICH FUNDS ARE AUTHORIZED FOR EXPENDITURE.

APPROPRIATIONS ARE MADE AT A VERY AGGREGATE LEVEL; FOR EXAMPLE ASD FUNDS COME UNDER AN APPROPRIATION TITLED "HEALTH SERVICES" - ASD ACCOUNTS FOR ONLY A PORTION OF THIS APPROPRIATION. THE PROCESS OF "ALLOTTMENT" COVERED IN THESE TWO STEPS REFERS TO THE MEANS BY WHICH THE AGGREGATE LEVEL APPROPRIATION IS BROKEN DOWN INTO A DETAILED BUDGET THAT CAN BE MANAGED BY ASD.

ACTUAL BUDGET EXECUTION BEGINS WITH FINANCIAL TRANSACTIONS, i.e., PAYROLL, VENDOR PAYMENTS, PURCHASE OF EQUIPMENT & SUPPLIES, ETC. ONCE THESE TRANSACTIONS HAVE CLEARED THE DIVISION, THEY ARE PROCESSED BY DHES AND THE STATEWIDE ACCOUNTING SYSTEM.

THE FIRST STEP IS FOR THE ACCOUNTING SYSTEM TO VERIFY THAT FUNDS ARE AVAILABLE TO COVER THE TRANSACTION. THIS CHECK OCCURS AT A VERY AGGREGATE LEVEL.

ASSUMING THE TRANSACTION PASSES THE BUDGET CHECK, PAYMENT IS MADE, i.e., AN EXPENDITURE.

THE STATEWIDE ACCOUNTING SYSTEM ACCUMULATES EXPENDITURE INFORMATION AND ON A MONTHLY BASIS PROVIDES USERS WITH BUDGET STATUS REPORTS, COMPARING EXPENDITURES TO DATE WITH BUDGETS. AGAIN THESE REPORTS ARE AT A FAIRLY AGGREGATE LEVEL.

ASD THEN BREAKS THE ACCOUNTING SYSTEM REPORTS DOWN TO A DETAILED LEVEL.

In evaluating the fiscal control system, three key points were examined:

- Fund accountability - The accounting system does provide for the appropriate segregation of funds. Basically, the ASD account code structure is set up as follows:

PROG.	PROG. NO.	APPROPRIATION(S)
ALCOHOL & DRUG ABUSE	0450	15154(State General Fund)
STATE ALCOHOLISM PLAN & TREATMENT	0451	15154 45109(Federal Funds)
OCCUPATIONAL ALCOHOLISM	0452	45109
ALCOHOLISM PREVENTION	0453	45109

Operationally, each transaction is appropriately coded by ASD with the program and appropriation number. With respect to the largest expense item, payroll, each individual is specifically assigned to one program and appropriation, thus, time splitting is not necessary.

- Pre-authorization of expenditures - ASD does employ procedures to insure prior approval for significant expenditures. The key procedures are as follows:

  - Payroll - ASD completes a bi-weekly attendance report which is fed into the payroll system.

  - Equipment and supplies - Appropriate requisition forms are approved by the Administrator.

  - Travel - The Administrator authorizes all in-state staff travel. The DHES Director authorizes all travel for the Administrator, as well as out-of-state travel for all staff.

- Vendor payments (local programs) - Vendors submit invoices to ASD. ASD approves the invoice, completes and submits a voucher authorizing payment.

- Management reporting - The monthly reports from the statewide accounting system are produced on a timely basis - usually within five working days after the end of the month. ASD utilizes these reports, along with the transaction data to prepare detailed budget status reports for use by ASD management.

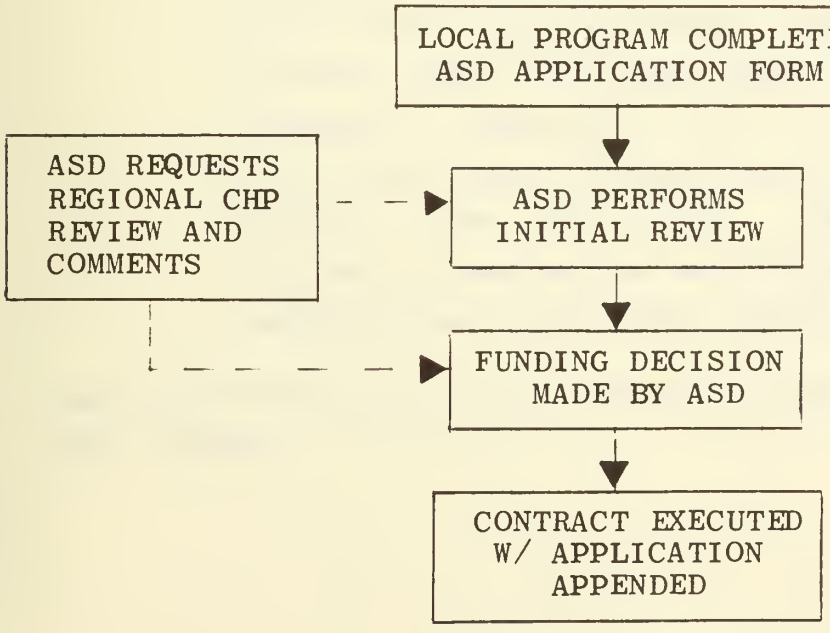
In summary, the fiscal control system is appropriately structured and properly utilized by ASD.

Comments on the contracts control portion of the daily operations/control element focus on the two key aspects of that activity.

- The process of reviewing and approving funding applications from local programs, and

- Control exerted over approved and funded projects.

The review and approval cycle consists of the following steps:



There are several positive aspects of the system outlined on the previous page:

- ASD does request review and comment from a third party - the regional Comprehensive Health Planning (CHP) organization. This procedure does provide a good check and balance on the approval cycle.

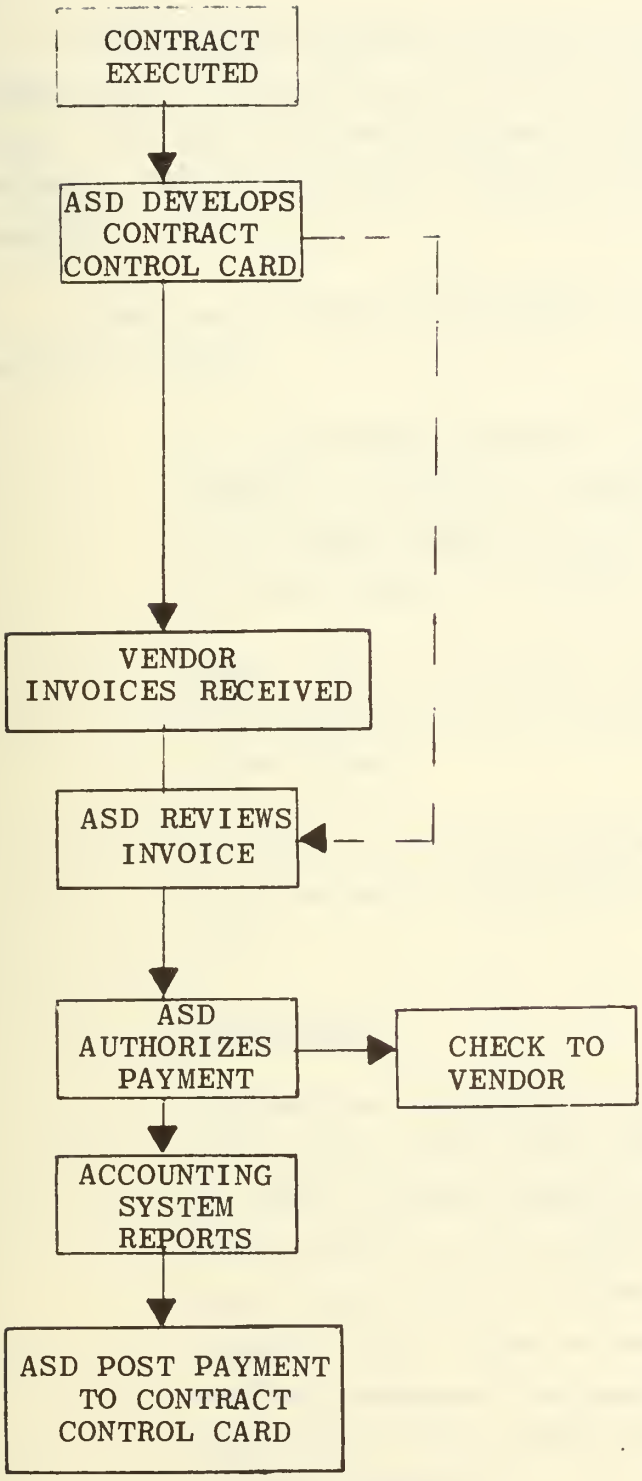
- A standard contract form is utilized, and the application is formally appended to the contract. This procedure provides the contractual relationship with the necessary definition of program intent.

However, there are several key weaknesses with the review and approval process:

- The application form, while it has been revised to request the local agency to define how its program will be evaluated, does not specify the record keeping and reporting methodology to be utilized to implement the evaluation technique.

- Funding decisions are made on a "one-at-a-time" basis at various times throughout the year. Since funds are limited, ASD could find itself in the position of denying an application that is more deserving than a previously approved application simply due to the timing of the applications. Basically, ASD cannot perform a comparative evaluation and prioritization of applications within this approach.

The control over existing contracts is summarized in the following flow diagram.



The contract control card is a 3" x 5" card containing the following detail:

- -Contractor's name, etc.
- -Amount of contract
- -Payment method
- -Period of contract
- -Record of invoices submitted
- -Record of payments made
- -Record of expenditure reports received.

Local program requests payment from ASD on a prearranged schedule.

ASD reviews the invoice primarily based on the data contained in the contract control card.

As with all expenditures, vendor payments are recorded by the statewide accounting system. Monthly, a list of vendor payments is provided to ASD.

ASD notes that payment has been made on the contract control card.

The control system outlined above is well-structured. A particularly good feature of the system is the contract control card file which is maintained in ASD. This contract control card permits ASD to directly control and track the flow of funds to vendors.

There are several problems in the implementation of portions of the system:

- As was stated earlier, no requirements for reporting program evaluation data have been defined; thus, there is no qualitative or performance aspect to the review of the vendor's invoice.

- Since the site-visits are very broad in scope, they do not compensate for the absence of the performance data cited above.

- The record of the programs in terms of complying with the quarterly expenditure reporting requirements is poor.

- Evaluation

  Evaluation occurs in various forms and at various times during the operating cycle. Under the previous topic of "Daily Operations/Control", several forms of evaluation such as site visits, periodic review of expenditures and review of other operating reports were discussed. This type of evaluation was classified as a control because the results of the evaluation are typically used to make immediate modifications to an existing program.

Under this section, the focus is on the evaluation of individual and overall program results. This type of evaluation typically occurs at the end of an operating cycle, and the results of the evaluation are one of the key inputs into the succeeding program planning cycle.

Basically, ASD does not perform, nor does it have an approach to conducting this type of evaluation. To reiterate an earlier observation, ASD has modified the funding application utilized by local programs to require the specification of how the program will be evaluated, but the related record-keeping and reporting requirements have not been defined or implemented.

C. INTERRELATIONS OF MANAGEMENT SUB-SYSTEMS

The relationships (linkages) between the various elements or sub-systems of the management system must exist and be adequate if the organization intends to take a rational, orderly, understandable, and long-term approach to problem solving. To a large extent the deficiencies that exist in any one of the individual sub-systems may impair the relationship of the particular sub-system to the other sub-systems. However, deficiencies in the linkages themselves may prevent excellently designed systems from performing as intended. In the following table (Exhibit II), these interrelationships are examined in some detail.

ANALYSIS OF MANAGEMENT SYSTEMS INTERRELATIONSHIPS

interrelationship	necessary elements (i.e., what should be)	deficiencies
Planning/Budgeting	- The objectives defined in the planning process should serve as the basis for a high-level of resource allocation between those objectives. - These must be a formal crosswalk defined between the high-level resource allocation that occurs in the planning sub-system on a program basis and the detailed resource allocation that occurs in the budget sub-system and necessarily includes organizational and fund-source considerations.	- The objectives, as stated in the 1975 State Plan, do not serve as a basis for the high-level resource allocation due to the fact that: - They are not prioritized - They relate largely to ASD activities, largely ignoring service delivery where the bulk of funds are spent, i.e., the local programs. - The program structure utilized by ASD in the budgeting process is primarily fund oriented as opposed to program oriented. For example the 0453 "Prevention" program in the budget refers to the special ASD prevention grant thus excluding the prevention activities that occur in the field (local programs). This means that in order to translate planning decisions into budget detail, a formal, detailed crosswalk would have to be developed to insure that those planning decisions are adhered to. Such a crosswalk does not presently exist.

EXHIBIT II 1 of 3

interrelationship	necessary elements (i.e., what should be)	deficiencies
Budgeting/Daily Operations & Control	- The budget (as appropriated) must be broken down to a level of detail that provides a sufficient basis for expenditure control. - The budget should be supported with a documented rationale or justification that permits the organization to determine that their activities, on a day-to-day basis, are consistent with the intent of the budget. - There must be regular timely reporting of expenditures in sufficient detail to permit comparisons of actual expenditures versus budget.	- Expenditure reporting by programs is lax, thus there is not a timely and regular comparison of actual to budget for that segment of the budget. - The absence of budget justification material leaves the question of compliance with budgetary intent up to interpretation. This problem is particularly acute in the area of review and approval of local program applications. How is it determined that a particular application is in concert with the budget plan? Here we begin to see the cumulative effect of the weaknesses. The planning process does not produce objectives for service delivery because there is not a service delivery strategy. Therefore, no budget justification can be developed for the funds to be spent on local programming. As a result there is no benchmark for review and approving funding applications.

interrelationships	necessary elements (i.e., what should be)	deficiencies
Daily Operations and Control/Evaluation	- The contract with local programs should establish the evaluation criteria and the record keeping and reporting requirements necessary to evaluate performance against the criteria. - Performance and evaluation criteria (objectives) for ASD Administrative efforts should be established in the budget as well as the performance indicators for measuring accomplishment of those objectives.	- The record keeping and reporting requirements have not been specified and there is no evaluation process in place.
Evaluation/Planning	- The results of the evaluation should serve as a key input to the following planning effort. As such it should provide evaluation at several levels: - individual program performance vs. performance criteria - overall program performance vs. objectives (service delivery) - service delivery strategy vs. service delivery goals.	

In summary, it is clear that there are major weaknesses in the interrelationships between the various elements of the management system. These weaknesses can be attributed to the weaknesses of the individual elements discussed earlier in this section. One could debate the question of whether these weaknesses of the individual elements are the cause or the effect of the weaknesses of the interrelationships between the elements, but such debate is largely non-productive. The important point is to identify corrective steps that can be taken that will address not only the individual weaknesses of the elements but also the overall system weaknesses.

IV. ROLES AND RESPONSIBILITIES

IV. ROLES AND RESPONSIBILITIES

A. BACKGROUND

The findings in this and the remaining two sections are closely related but each has been presented separately to highlight its individual impact. In particular, the purpose of our evaluation regarding roles and responsibilities was to identify where and how this organizational consideration may be inhibiting the functioning of the state-wide Alcohol Services Program. Our study was, therefore, directed at determining:

- The clarity and scope of formal definition of roles and responsibilities for each participating entity.
- The expectations of the local programs (Indian and non-Indian) and the Advisory Council with respect to their own and the Alcohol Services Division's (ASD) responsibilities.
- What impact, if any, that the quantity and quality of communications between the state and local programs and the Advisory Council has had on creating or alleviating problems.

To accomplish these objectives, we reviewed existing documentation on the subject and conducted a number of personal interviews with program personnel and Advisory Council members. During the course of the study, we found that a number of factors had to be taken into consideration when we made our assessments. These factors are:

- The capabilities of the local programs varied considerably thus complicating the picture of what their responsibilities should be.

- The State's approach to the existence and use of Advisory Councils creates problems in attempting to ascertain their role in this program.

- The ASD staff is relatively small and, therefore, it has to be careful to limit the scope of its activities.

- There are a multitude of fund sources, each requiring different results and accountability.

- Many of the local programs are quite small and most are operating marginally with respect to staffing and funding.

With these considerations in mind, we established the existence of the following weaknesses. Further detail regarding many of the items is also provided in later sections.

B. FINDINGS

Undoubtedly, the most significant finding in this portion of the study was the determination that neither roles nor responsibilities are well defined for the ASD, the Advisory Council, the MICADA or the local programs. There are some responsibilities defined in federal and state legislation as well as the State Plan but these are largely described in vague terms such as "coordinate", "advise", "direct", etc. (Responsibilities defined in terms of activities or process are never very precise.) In no place are responsibilities formally documented in terms of expected products or results.

This lack of specificity and formal documentation with respect to responsibilities has contributed significantly to the current confusion surrounding the roles of all concerned. Two other factors, however, have also been partially responsible for

the lack of role definition: 1) The general lack of well defined systems for the accomplishment of state level functions (e.g. long range planning) makes it very difficult to assign specific responsibilities and therefore roles to groups such as the Advisory Council; 2) Communications among the participating entities are not well enough developed or sufficiently structured so as to facilitate the determination of who should be responsible for what product or results.

With respect to the lack of systems, the key issue centers on degree of specificity. To use long range planning as an example, without a detailed system the only product that can be referred to is the long range plan itself. Therefore, roles have to be defined on that same gross level as follows:

	TASK	RESPONSIBILITY
-	Prepare the Plan	(ASD)
-	Provide the Indian plan as input	(MICADA)
-	Review and suggest modifications	(Advisory Council)

Now, if the planning process is a series of events in a well-documented system, there are a number of products and, therefore, numerous and more precise roles:

	PRODUCT	RESPONSIBILITY
-	Establish purpose and goals	(ASD, Advisory Council, Programs, MICADA)
-	Analyze need, resources, etc.	(ASD)
-	Prepare alternative strategies	(ASD)
-	Select most appropriate strategy	(ASD, Advisory Council, etc.)

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The second issue, communications, may be depicted as both a cause and effect of poor role definition. From the perspective of cause, the lack of well defined and functional communication channels between the ASD and the other groups has tended to inhibit the creation of an environment and a forum for resolving the question of roles and responsibilities.

On the other hand, the lack of clearly identified roles has made day-to-day communications more difficult because it is virtually impossible to deal with these key questions:

- What is to be communicated?
- In what format should it be communicated?
- How should it be communicated?
- When should it be communicated?
- Who should do the communicating?
- To whom should it be communicated?

Realizing the need for development of role and responsibility definitions, the remainder of this section is devoted to the role of the ASD. The other groups are discussed individually in the next section.

C. ASD ROLES AND RESPONSIBILITIES

The ASD is basically a management agency as opposed to a service delivery agency; that is, it does not deliver services directly to clients. As such, it needs to have its own accountability system - a system that specifies what it expects to accomplish, the activities required to achieve the expected results, the time frames and resources needed for accomplishment and a

comparison of what is actually accomplished, etc. This accountability system then would, in turn, serve to delineate the responsibilities of the ASD (they must, of course, be in compliance with legal requirements).

The lack of such a system in the ASD today represents the major weakness in the state's position. Major evidence of this weakness is the perception of the ASD, as a regulatory agency, by the local programs. Our review, however, indicated that the ASD, in fact, has neither the mechanisms nor the procedures to support its being characterized as a regulatory body. What apparently has happened is that because ASD action plans (i.e., what it is responsible for) have not been publicized, the field has drawn its own conclusions as to what ASD's responsibilities are.

A related responsibility of ASD about which there is also considerable difference of opinion is the accountability specified by legal requirements. On this subject, the apparent weakness is the frequent lack of understanding of these specific requirements on the part of local programs. Communication of the requirements on an understandable basis has never really been accomplished.

Another major role of the ASD that surfaced as an issue in our study was that of providing technical assistance to local programs. The local programs were virtually unanimous in stating that the ASD should provide stronger leadership to the direction of the state-wide program. These same programs, however, made it clear that leadership should not be misconstrued as directing local programs in how to design and implement their programs. Rather, the ASD should identify what the state wants to do, in total, with respect to Alcohol Services and should provide the needed support services to achieve its plan.

In particular, the local programs felt that the ASD could be of considerable assistance in helping them develop administrative capabilities such as fiscal accounting systems, client record systems, grant writing, records management and management reporting. Other technical assistance activities identified were the determination of training needs, development of education programs, serving as a clearinghouse for the exchange of information and providing assistance as needed in community development activities.

V. OTHER ORGANIZATION CONSIDERATIONS

V. OTHER ORGANIZATION CONSIDERATIONS

A. THE ADVISORY COUNCIL

Our findings with respect to the Advisory Council have been structured into four major areas:

- Organization structures
- Roles and responsibilities
- Communications
- Rationale for existence

It is important to note that these findings as well as those for the other organizations are an extension of the basic finding of Section III; that is, essentially no formal roles and responsibilities have been delineated for any of the participating entities.

1. Organization Structures

The first area of weakness centers on the composition of the council. As presently constituted, the council has 12 members selected on the basis of geography as a primary criteria and 6 members selected from the state at large.

Although geographic representation is an important consideration, it appears that selecting 12 members on that basis tends to inhibit the inclusion of other important community members on the council. For example, it is a major weakness that the council does not presently have in its membership any one of the following:

- A local program director or administrator
- A medical doctor practicing in the community
- An educator from the public (elementary or high school) school system.

If the Advisory Council is to be involved in consultation and assisting in developing the direction of the Statewide program, it will need to have representation of the above named as well as other resources within its ranks.

A second problem associated with the organization is the size of the council. Some attempts have been made to develop working sub-committees but these have been largely formed as a reaction to a current need. Most important, the council has not established an executive board which is a basic necessity within an 18 member volunteer organization whose members are widely dispersed geographically. This type of sub-committee is especially needed for handling short notice issues and those requiring extensive on-the-spot working sessions.

A third issue concerning the organization of the Advisory Council is its reporting relationships. By law it is advisory to the Department of Health and Environmental Sciences but it is unclear as to whether it is also advisory to the Governor. To date, the council has assumed that it is advisory only to the Department and this is definitely a weakness because of the council's limited capabilities to influence decisions.

Obviously, the Governor can't have groups reporting to him on a regular basis. Some mechanism should exist, however, where at least on an annual basis, the council has an opportunity as a citizen's committee to report to the chief executive their analysis of the progress and the direction that the state is accomplishing with respect to Alcohol Services.

2. Roles and Responsibilities

Although a well defined role doesn't currently exist, several key problems were observable in our study. Most of these problems centered on what is to be the extent of the decision-making responsibilities of the organization.

By definition, an advisory body does not make decisions but rather makes recommendations. In practice, many state agencies adopt a posture where an advisory council will have participation in the approval or decision-making responsibilities for high-level (strategic) activities. This practice has been basically adopted by the Alcohol Services Division (ASD).

The problem here is that the Advisory Council, over time, has become involved in decision making at the operating level as well as at the strategic level. Examples of operating level decisions that the council has participated in are the approval of potential ASD staff members and the review of local program grant requests.

This problem, therefore summarizes into a need for delineation of those activities in which the Advisory Council will be a participant in the decision-making process and those for which it will not be involved. Those in the former category should be limited to setting state-wide direction and in establishing resource allocation guidelines (broad distribution of dollars to areas such as treatment, prevention, etc). The latter category should include all operating activities and the actual allocation of dollars to programs (Grants).

Another weakness relating to council functions is the general lack of a structure and guidelines for evaluating

the activities of the ASD and the state-wide Alcohol Services Program. If the Advisory Council is going to make meaningful recommendations and decisions it needs a methodology for systematically determining what it should concern itself with (including how well ASD performs its responsibilities) and how to relate those areas of concern to the actual products and results of the program. Currently, this process is accomplished on a reactive rather than a structured basis; that is, the council assumes an evaluative role when it is exposed to problems.

A final issue concerning roles is the one of advocacy. The Advisory Council is in the unique position of being both a representative of the citizenry to the state agency and a spokesman for the state to the citizens. It was not clear in our study, however, where the council has taken positive steps to fulfill the latter role. This is clearly an important weakness in that the council members are undoubtedly the most capable communicators within their communities of the state-wide directions.

3. Communications

Two major weaknesses were observed in the area of communications. The first is that the types of communications between the ASD and the council have been largely inappropriate to the environment. The second is that there is no periodic management reporting from the ASD to the council.

Regarding the types of communications, it is apparent that people such as council members who have other responsibilities and are not involved in Alcohol Services on a day-to-day basis need to have special forms of information. They have neither the time nor the detailed expertise to

assimilate raw information. Summary information, in turn, is not sufficient to assist them in making decisions or to fulfill their other responsibilities.

The council's information needs are largely for analytic information; that is, information that has been processed for them and states key issues, solutions and supporting logic. This type of information has not been readily available to council members.

The second weakness, management reporting, is only a deficiency in that, without it the council cannot stay up-to-date on the ASD activities and progress with respect to plans. Council members, therefore, must try to "catch up" at meetings or remain uninformed both of which tend to cause problems in the functioning of the council as a body.

4. Rationale For Existence

Simply, the problem here is that there hasn't been any formal documentation of the purpose or mission of the Advisory Council. Inasmuch as the state-wide program includes extensive local resources, the need for citizen participation at the state level would seem to be a necessity. This thinking, however, has never been translated into a mission statement that justifies the council's existence regardless of whether or not there are federal funds.

B. MICADA

The observed weaknesses relating to the Montana Indian Commission on Alcohol and Drug Abuse (MICADA) have been summarized into two areas: 1) organizational structures, and 2) roles and responsibilities.

1. Organizational Structures

The major problem identified in this aspect of the study is the acceptance of the MICADA as a valid administrative organization. In this respect, the state has recognized the body as an appropriate mechanism for coordinating the interests of the Indian peoples in alcohol and drug abuse issues. Similarly, the Indian tribes are attempting to make it a viable organization. However, the commission has never been given an opportunity to function as a true administrative agent. Obviously, this is a complex situation with widespread ramifications but it is a problem that must be dealt with.

To resolve the above problem, however, it is necessary to recognize a second problem - MICADA has not worked out all its internal structure problems. In order for MICADA to function in an administrative role for Indian programs, there needs to be an assurance that the organization does, in fact, represent the Indian. In addition, there needs to be clearly delineated policies for dealing with Indian and mixed Indian/non-Indian programs that do not wish to align themselves with MICADA.

2. Roles and Responsibilities

Based on the above discussion, it is clear that the major problem in role definition is that the MICADA has not been delegated administrative functions such as certification, licensing, etc. for Indian programs. But, it is also clear that these responsibilities cannot be delegated without guidelines and policies. These do not exist at present and would have to be developed to cover, at minimum, the following:

- Legal accountability requirements (including audits)

- Program and statistical reporting requirements
- Management reporting requirements

The advocacy issue is a problem also associated with MICADA responsibilities. If MICADA is to serve as the major focal point between the Indian programs and ASD, it must assume a role as an advocate of over-all state direction as well as one for Indian interests. This currently is not being done.

To develop this posture, however, the MICADA will need to have a more active role in the development of state-wide direction. ASD planning systems and procedures do not provide for this involvement except through the use of the Indian state plan as an input. A more structured participation is needed to alleviate this problem.

C. LOCAL PROGRAMS

In this area, we have also structured our findings into two basic areas: 1) organization structures, and 2) roles and responsibilities.

1. Organization Structures

As stated in the earlier sub-section dealing with the Advisory Council, a major weakness in the current mode of operation is the lack of a structured participation of local program directors in State-level strategic activities. We have documented this as being a problem in the composition of the Advisory Council; that is, they are not currently represented on the council and probably should be.

However, it is important to note that no mechanism currently exists for nominating program directors for seats

on the council. An association of programs (APM) does exist and could be used for this purpose but not all local programs belong to this body. Therefore, some process will need to be developed where the Association or some such organization can, first, assure that it represents the programs, and second, can nominate potential council members that could speak for the group.

2. Roles and Responsibilities

As stated above, a major problem centers on the lack of a structured participation of the local programs in state-wide planning. As a result, these programs have tended to react from a regional viewpoint - what is the impact on my programs rather than what is the contribution of my programs to the overall direction. Because these programs are the major service provision arm of the state-wide program this is an unhealthy situation that needs improvement.

Further, the local programs represent an important resource that neither ASD or the Advisory Council has used effectively. Again the lack of a defined structure for participation appears to be the center of the problem.

Another problem that could be resolved through closer association between ASD and the local programs is the confusion surrounding accountability requirements. It is essential that local programs understand legal and management requirements for accountability that are imposed on the state and assume an active role in the development of support systems for accomplishing them. It has been our experience that groups who participate in the development of their own administrative procedures will be much more supportive of performing those tasks.

The responsibility for community development activities also surfaced as an area of contention and confusion. Local program personnel felt that as community members they would be more effective than the ASD in accomplishing community development. However, it is also clear that the ASD should have an important role in the community development system; namely,

- With its state-wide perspective, the ASD should have responsibility for the construction of a plan including objectives, targeted communities, resource commitments, etc.

- The ASD should develop and have available materials such as films and pamphlets to facilitate the actual implementation of the state-wide community development program.

Again, this appears to be an area where local programs need to play an active role. How active will probably have to be a function of individual capabilities, availability of time and interest.

D. OTHER STATE AGENCIES

This is an area that was discussed in the compliance section but there are three specific problems that need to be addressed at this point.

First, there are currently no formal organizational relationships among the various agencies concerned with Alcohol Services. Obviously, an organizational relationship (such as an inter-agency committee) does not guarantee results but without it, non-action is almost assured. Informal relationships, on the other hand, tend to produce inconsistent action and a lack of commitment on the part of the participants.

Second, there is the lack of an action plan or a process to be used as guidelines for coordinating and communicating program initiatives among the agencies. These processes and procedures are necessary so that there is a common understanding of:

- What is to be accomplished
- How it is to be accomplished
- When it is to be accomplished
- Who is to be responsible.

Guidelines among agencies provide a common language - an element usually missing between various governmental organizations.

Finally, in addition to a process for communicating program initiatives, there needs to be a common planning process so that directions and action plans for all involved agencies can be integrated. This process doesn't currently exist and individual agency plans are not usually shared with other agencies let alone integrated with their plans.

VI. DECISION-MAKING PROCESSES

VI. DECISION-MAKING PROCESSES

A. BACKGROUND

The majority of the problems associated with decision making have been detailed in other sections of this report. There are, however, some overriding conceptual considerations that should be brought forth as separate issues. This section has been provided for that purpose as well as to provide a central point for presentation of the recommendations concerning decision making in Part 2.

B. FINDINGS

The most troublesome of the problems currently associated with Alcohol Services Division decision making is the lack of structures for accomplishing the process. Normally, decisions are or should be made on a comparative basis rather than on an absolute basis. For example, in planning program direction we need to prioritize our service emphasis - therefore, we compare our service alternatives and may conclude that information and referral has a higher priority at this time than in-patient services.

In order to make these comparison, it is necessary to structure the categories or items that are to be compared so that apples don't end up being compared with oranges. One such structuring process is what is referred to as a "program structure" in government. "Program structures" are nothing more than a basis for making decisions and then for controlling or reporting against those decisions.

If structures don't exist, decisions tend to get made in a non-systematic way and usually without considering legitimate

alternatives. Developing alternatives based on good information is the foundation of good decision making. Decision-making structures are a fundamental tool in developing alternatives.

A second weakness is the lack of formalized processes for making decisions. Clearly, not all decisions need to be made through a formal process but those that should need to be identified and treated as such. Thus, conceptually there is a need to correct two deficiencies:

(1) Decisions need to be classified by type and magnitude such as in the following scheme:

- Planning/direction decisions
- Program decisions
- Resource allocation decisions
- Administrative decisions

(2) Processes need to be established for making decisions which should include:

- What information is needed
- What steps should comprise the process
- Who shall make the decision
- How is it to be reviewed
- How is it to be documented

When the decision processes have been clearly delineated and published, much of the suspicion surrounding decision making should be eliminated. All concerned parties will be aware of what decisions are necessary and when and how those decisions are to be concluded.

PART B

RECOMMENDATIONS

I. TECHNICAL ASSISTANCE SYSTEMS

I. TECHNICAL ASSISTANCE SYSTEMS

The ASD technical assistance effort must be carefully structured to insure that the results are mutually beneficial to ASD and the local programs. Technical assistance is the primary means by which ASD can guarantee that all local programs comply with basic program management requirements, i.e., accounting, record keeping, and reporting. At the same time technical assistance must be structured in such a way that it truly is of assistance to the individual programs. Our recommendations regarding technical assistance are structured to address not only the types of assistance that should be provided, but also the methodology that ASD should employ in the provision of this assistance.

Types of Technical Assistance

In developing our recommendations with respect to the types of technical assistance that ASD should provide, we made two basic assumptions:

- ASD is basically a management organization, and as such it should focus its assistance efforts on problems related to the administration of local programs, as opposed to the content of the services delivered.

- The types of assistance provided should be practical, i.e., they should address very basic problem areas that are clearly recognized and understood at the local program level.

The specific types of technical assistance that fit these assumptions fall under the heading of management tools. More specifically, these management tools can be classified into the following four areas:

- Fiscal systems
- Client records
- Reporting
- Evaluation

In various combinations some or all of these areas represent problem areas to the individual local programs. On the other hand, from ASD's perspective these are areas in which some basic degree of uniformity must be observed. In short, an effective technical assistance effort constructed around these four program management areas could solve a number of practical problems at both the local and state levels.

The table on the following page (Exhibit III) further defines these four areas in terms of the major elements comprising each area. These elements represent the specific points that the technical assistance program should address in each particular area.

EXHIBIT III

General Area	Major Elements
. Fiscal systems	. Accounting system . chart of accounts (structure) . general ledger (structure) . journals of original entry (structure) . transaction processing methodology . posting from journals to ledgers . summarizing and reporting accounting data . Physical property control . Cash management . Audit (internal and external) . Internal controls . Records retention schedules
. Client records	. Client record structure . historical data . service provision and client progress data . follow-up data . Physical maintenance of records . location . control over access . Summarizing and reporting information from client records. . Records retention schedules
. Reporting (to external entries)	. Expenditure/Budget reporting . Client service reporting
. Evaluation	. Issues for evaluation . program effectiveness . program efficiency . cost/benefit . Evaluation methodology (source and manipulation of data).

Technical Assistance Methodology

There are a number of questions that have to be considered in determining the correct methodology to employ in the provision of technical assistance. The primary question, though, is how much staff time can be allocated to the technical assistance effort? In the case of ASD it is obvious that at current staffing levels, the number of staff available for technical assistance must be small. It follows then that the ASD technical assistance methodology should have the following characteristics:

- The methodology should center around the development of standardized systems, procedures, etc. that could be adopted, in some form, by the majority of the programs.
- The actual delivery of assistance should rely heavily on written as opposed to oral communications.

It would simply stretch staff too thin to attempt to individualize the delivery of technical assistance.

Work Plan

The following work plan has been developed to lay out the major steps that ASD should take to mount a technical assistance program consistent with the scope and methodology recommended in the previous sections.

TASK 1 - Refinement of Scope

The purpose of this task is two-fold:

- Establish a relative priority among the four areas (i.e., fiscal systems, client records, reporting, and evaluation).
- Further define the specific elements that should be addressed within each area.

It is very important that the local programs play a major role in this task; otherwise, the effort that is to follow could be largely academic. Perhaps the program input could be gained through a task force selected by the APM.

TASK 2 - Selection of Tool

During this task a decision must be made regarding the type of tool that will be utilized to convey the technical assistance. Alternative approaches might include:

- guidelines
- model systems
- seminar/training courses
- combinations of the above

Naturally, the tool will vary depending on the content and scope of the subject matter.
(Note: Beginning with Task 2, the tasks would focus on the first priority identified in Task 1).

TASK 3 - Assessment of Available Resources

In many cases, materials ranging from guidelines to detailed accounting manuals have been developed under the auspices of NIAAA or other state alcoholism authorities. This task has been included to ensure that ASD takes the necessary time to explore these avenues that could result in significant cost savings.

TASK 4 - Refinement of Tool

This task involves the development and/or modification of the detailed technical assistance tool. This is primarily

an ASD function, although the local programs should be kept advised of the progress of the effort. A key segment of this task will involve the determination of specific federal, state, and local requirements that must be incorporated into the tool.

TASK 5 - Delivery

The purpose of this task is to transmit the results of Task 4 to the programs. The exact method employed will vary depending on the tool selected, but in all cases it is important that the programs be made aware of the mandatory and optional segments of what is being presented.

TASK 6 - Follow-up

During this task, ASD staff monitors the actual implementation effort at the local level. In particular, if there are mandatory elements, ASD may be monitoring against a specific timetable. For the more significant technical assistance efforts, ASD should be prepared to provide direct assistance to local programs in the actual implementation phase.

Throughout the last few paragraphs the importance of local program involvement has been emphasized. It is also important that the concept of local program responsibility be addressed. If the state makes an investment in the provision of technical assistance, and the local programs are involved in prioritizing and shaping the scope of the assistance effort, then it seems logical that the state should reasonably expect results in terms of improved performance at the local program level. This is particularly true in those areas that involve mandatory requirements (e.g., records management, expenditure reporting, etc.).

There are two principles that should be observed in implementing this concept of program responsibility:

- Improved performance should relate to the specific area or facet of operations addressed by the technical assistance.

- The state's expectations should be backed up with specific sanctions (e.g., reduced funding) that will be taken if improved performance does not occur according to schedule.

To summarize, this section on technical assistance has included recommendations on the types of assistance to be provided, the approach that should be taken in the actual provision of assistance, and a general work plan for implementing those recommendations. The recommendations have been structured to include several important elements of accountability:

- ASD's accountability to the local programs in developing the priorities for technical assistance and the specific content of each element of technical assistance.

- ASD's accountability to the validity of the technical assistance effort is strengthened by including a specific responsibility for implementation.

- Local program accountability to ASD in showing improved program operations in those areas addressed by the technical assistance effort.

The incorporation of these elements of accountability in the preceeding recommendations is vital to the usefulness of those recommendations.

II. PLANNING SYSTEMS

II. PLANNING SYSTEMS

The review of the current ASD planning process revealed several significant weaknesses:

- The process addressed only federal formula funds.
- The goals and objectives primarily addressed ASD administrative activities.
- The planning effort was not linked to the budget.

The solution to the first weakness is to simply broaden the scope of the planning process to address both state and local funds, as well as federal funds. However, the solutions to the second and third weaknesses are a little more complex, requiring ASD and the related entities (e.g. Advisory Council) to implement structural and procedural changes.

Structure

To date, the Advisory Council and ASD have experienced considerable frustration in attempting to define a direction for alcoholism programming in Montana. To a large extent this frustration is caused by the absence of a common format and language in which the two groups can formulate and express their thoughts.

Traditionally, government expresses plans in organizational terms; i.e., the services that will be provided by a department, division, or unit of government. There are two problems with expressing plans in organizational terms:

- If similar services are provided by another organizational unit, you must put two or more plans together to determine the scope of services that will be provided.

- Top priority tends to be accorded to the organization and its needs as opposed to the recipient of the service.

The proposed "Program Structure" presented on the following page provides a common format and language, focused on outputs (service delivery) as opposed to inputs (organizations). The primary use of this structure is as a vehicle for expressing the desired direction of alcohol services programming in Montana.

The following definitions describe the major elements of the structure:

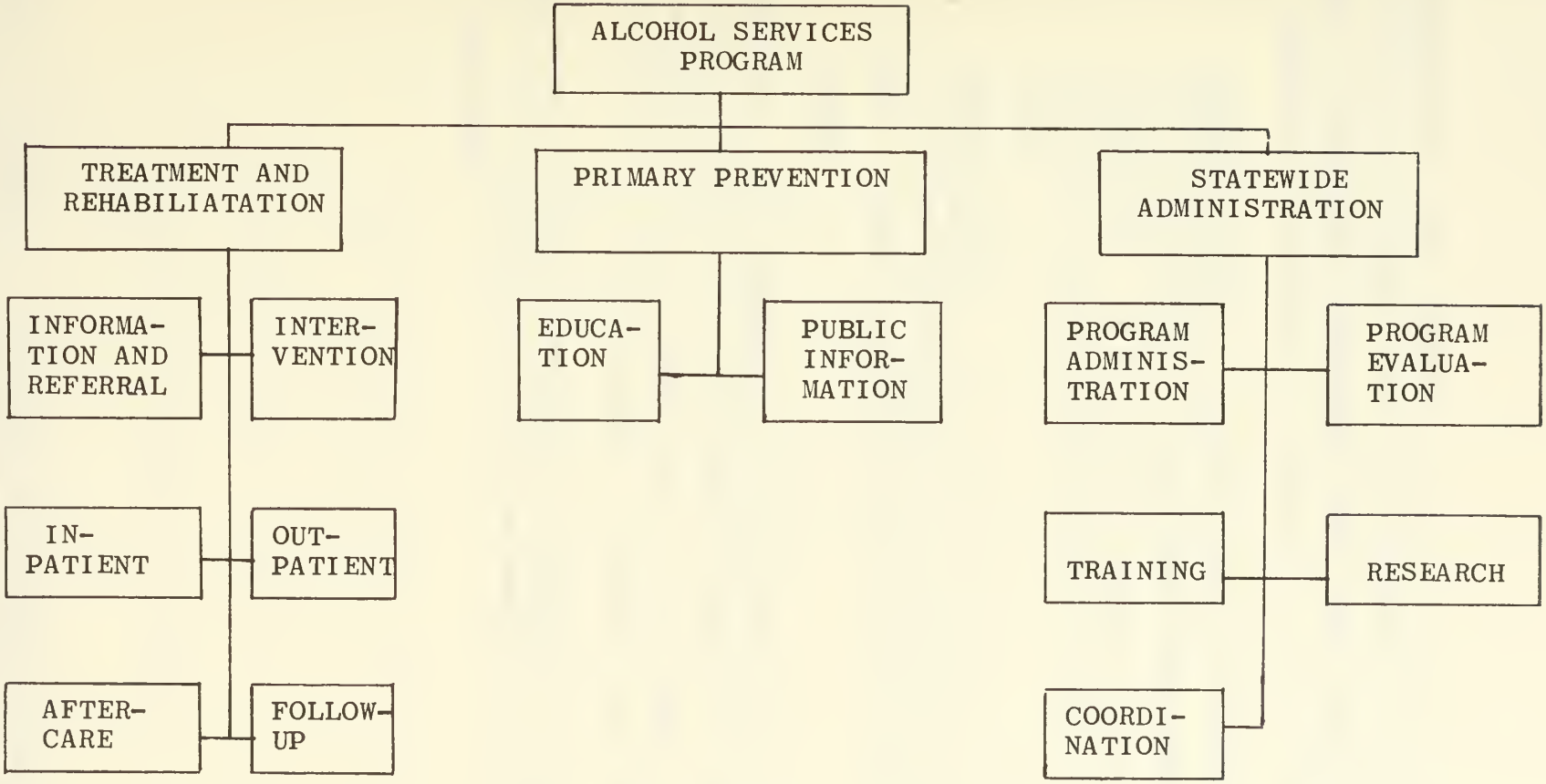
- Program - Alcohol Services Program
  Defines the program being dealt with; in this case alcohol services.

- Categories - Treatment and Rehabilitation, Primary Prevention, Statewide Administration.
  Defines the program in terms of its major components of service (outputs) and administration.

- Elements - Represented by the smaller boxes under each category.
  Defines the major components of each category - again the definition is in output terms.

- Sub-elements - Items listed beneath the line
  In the case of the service delivery categories and elements, these sub-elements address the recipients of services (geographically and demographically). In the case of administration, the sub-elements identify organizational involvement for each element.

PROGRAM STRUCTURE - ALCOHOL SERVICES



- . Target Population
- . Target Area (Geog.)

- . Target Population
- . Target Area (Geog.)

- . Organizational Entity
  - . ASD
  - . APM
  - . MICADA

EXHIBIT IV

Essentially, the Advisory Council and ASD will be expressing the direction of alcohol services programming by defining the allocation of available resources within this program structure. This allocation must occur, at minimum, at the following levels:

- Category level - A decision must be reached on the relative distribution of available funds among the three categories. If the precise amount of available funds is not known, the distribution can be made in percentage* terms.

- Element level - The allocation made to each category must be further distributed to the elements within that category. Again the distribution may be made in percentage* terms.

Naturally, the process can be carried to the next step of distributing funds to the sub-elements within each element. However, resource allocation decisions at the category and element level do provide a clear statement of program direction.

Assuming a program structure is adopted*, the next issue is to define the procedures that will be needed to facilitate the use of the structure.

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*One word of caution in utilizing percentage breakdowns is that it is important to keep a perspective on the approximate amount of funds available to avoid making a meaningless percentage allocation.

Procedures

The procedures that support the use of the program structure must address two major questions:

- What kind of information/data is required to support resource allocation decisions at the category and element level?
- Once resource allocation decisions have been made, what steps must be taken to insure that those decisions are implemented?

The following paragraphs address these procedural questions:

- Supporting information/data

  The minimum set of information that should be available to support resource allocation decisions includes the following:

  - Needs assessment - a determination of the nature and extent of the need for services.
  - Resource inventory - a determination of the current availability of resources to meet the need for service.
  - Program evaluation data - information regarding the success or failure of specific programs or program types. At this level, it isn't necessary that this data be specific to Montana.
  - Estimates of fund availability at the federal, state, and local levels.
  - Legislative analysis - Identification of relevant changes in the law at the federal, state and local levels.

  Basically, it is the function of ASD to provide this information. To insure the development of this information, it is recommended that ASD formalize the process

by incorporating the above mentioned information into a document called a "Planning Memorandum". The "Planning Memorandum" would be presented in detail to The Advisory Council which would signal the initiation of the resource allocation decision making process. Recognizing that resource allocation decisions should be made annually (because of the annual grant/contract cycle), a couple of key dates become apparent. (Note: There is an assumption that ASD will move to a uniform anniversary date of July 1 for contracts with local programs).

- Dec. 1 - Presentation of Planning Memorandum.
- Feb. 1 - Resource allocation decisions
- March 1 - Issuance of guidelines for contract applications.
- April 15 - Receipt of proposals from contractors.
- June 1 - Contract award decisions finalized
- June 15 - Contract execution completed
- July 1 - Contract initiation

Therefore, ASD must provide adequate time for the development of the Planning Memorandum given a December 1 delivery date.

. Implementation of resource allocation decisions

The majority of ASD funds are distributed via contract to the local programs. Therefore, it is in this distribution process that implementation of resource allocation decisions must be addressed. There are two key points in the distribution process:

- The development of application guidelines
- The review and approval of applications.

It is imperative that the resource allocation decisions be recognized or incorporated at these two points.

The best way to insure implementation at these points is to require the following Advisory Council involvement:

- Review and approval of the application guidelines.
- Review of the ASD tentative contract award decisions with Advisory Council comments being sent to the departmental director and the Governor. (The tentative ASD decisions should be reviewed with the Advisory Council at least two weeks prior to June 1, to permit the council adequate time to formulate and present their comments). In order to facilitate this review, ASD should prepare an analysis indicating how their tentative contract award decisions reflect the resource allocation (state-wide plan) decisions. The Advisory Council review and comments should focus on the overall distribution of funds to local programs and should not be directed at decisions made on individual programs.

- - - - -

The preceding recommendations dealing with the planning structure and procedures, if implemented, will not constitute a comprehensive, closed-loop planning system. However, the recommendations, if implemented will represent the most logical and significant steps that the state can take at this point in time to improve the quality and impact of the planning function.

III. ROLES AND RESPONSIBILITIES OF THE ASD

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PROGRAM MANAGER

The primary role of the Alcohol Services Division (ASD) is that of program manager for the state-wide alcohol services program. In particular, it is to manage the use of federal funds in its role as the single state agency as well as the state HB 909 funds.

Manage, in this case, is defined as the responsibility for ensuring that:

- A long range (2-5 years) plan is produced.
- A program strategy for accomplishing the long range plan is produced.
- An operations plan is produced which specifies short range results and budgets.
- The operations plan is executed.
- Proper control is exercised over the execution of the operations plan.
- An evaluation of the state-wide program is performed.

It is important to note that manage does not infer that the ASD must necessarily perform all of the above functions. Rather, the agency will be responsibile for the products or results being developed on an annual basis. To further clarify this concept, it is meaningful to first provide definition to each of these functions. In Exhibit V on the following page, definitions have been provided in terms of the products or results of each function. Exhibit VI provides further definition by showing the interrelationships among the functions of the management process.

EXHIBIT V

MANAGEMENT FUNCTIONS

- Long Range Planning

  Those activities and methods which are individually or collectively designed to establish overall direction, goals, objectives, governing policy, and high level resource allocation; this manner of planning is usually accomplished on a program as opposed to an organizational basis.

- Program Planning

  The articulation of program strategies which include the types of services to be delivered, the client populations to be served and the methodologies to be used in the delivery of those services; the development of the vehicles which are to be used to accomplish the stated goals and objectives.

- Operations (Tactical) Planning

  The delineation of specific steps to be taken to effect objectives within a limited and immediate time period, the results expected from those steps and the resources allocated for accomplishment; includes both administrative and service delivery plans.

- Execution

  Putting into effect the operations plans, coordinating responsibilities and administrative support systems so as to accomplish planned for program or administrative results within budgeted resources.

- Control

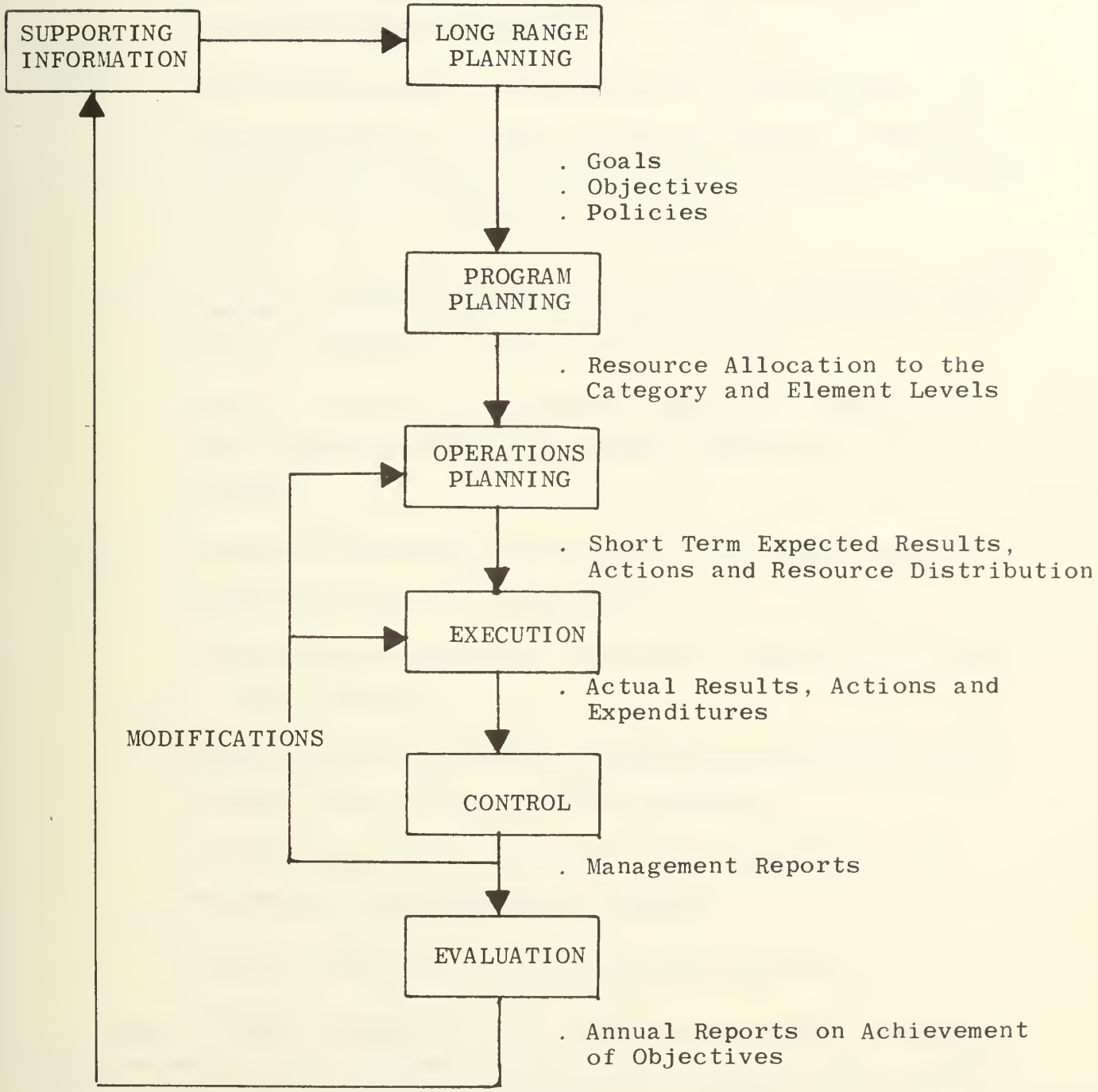
  The day-to-day management and monitoring of operations so as to isolate problems, deficiencies or opportunities in the way execution is progressing; control is oriented towards developing immediate solutions to exceptions in implementation through program modification, resource allocation modification, systems modification or personnel modifications.

- Evaluation

  Those activities designed to measure how effectively and efficiently objectives are being accomplished; evaluation is oriented towards providing input to the long range and program planning processes through proposed objective, policy and program strategy modifications.

EXHIBIT VI

INTERRELATIONSHIPS OF MANAGEMENT FUNCTIONS



As partially explained in the recommendations on the planning process, certain activities logically fall within the responsibility of the ASD to accomplish. In particular, the ASD should:

- Design the systems and procedures necessarily for effective program management to occur.
- Gather and analyze the information that supports the planning process; namely, needs assessment, resource inventories, program evaluation data, estimates of fund availability and legislative analyses.
- Develop alternative program strategies (a general program approach to the delivery of services) specifying direction and resource allocation guidelines.
- Develop a state-wide operations plan for federal and state funds based upon proposals submitted by local programs.
- Develop the federal "state plan" compliance document required by federal regulation.
- Make decisions regarding the actual awarding of grants to local programs.
- Provide grants management (fiscal and program results control) over grants to local programs.
- Provide management reporting on the activities and progress of the state-wide program.
- Provide evaluation of the state-wide program.

Each of these recommendations regarding management responsibilities needs to be implemented in conjunction with the proposed systems delineated in a previous section. Without the systems in place,

the exercise of management activities will tend to be inconsistent and less effective than if they are operational.

Communications Coordinator

Another proposed role of the ASD, derived from our findings, is that of a communications coordinator. This role would have three important elements:

1) Responsibility for communications of state and federal information from the state to local programs, the Advisory Council and citizens.

2) Responsibility for coordinating communications among local programs.

3) Responsibility for the production and dissemination of management reporting on alcohol services.

In the first of these responsibilities, the ASD needs to develop a formal communications system that is responsive to the information needs of the users, including legal requirements, pending legislation, etc. The following is a suggested action plan for the development of such a system.

TASK 1 - Identify the potential areas (subjects, etc.) where there may be a need for communications; this process relates to the development of an information structure that identifies service areas, client groups, modes of deliveries, etc.

TASK 2 - Identify the methods, timing and display formats for each information area identified above:

Examples: Methods = Written
Oral
Telephone

Formats = Raw or Base information
Summary information
Analytic information

TASK 3 - Through the use of a survey of information users, identify the specific needs of each user group for classes of information by method and format; a matrix approach to this task would probably be most appropriate. The matrix would display information areas along one axis and user groups along the other axis.

TASK 4 - Using a similar matrix, identify where and what the key sources of data are for each information area; the matrix would use the same information areas as Task 3 along one axis but would have "source of data" rather than "recipient" along the other axis.

TASK 5 - For "families of information" (these may be any number of information areas) develop procedures that would specify:

- What is to be communicated
- How it is to be communicated
- When it is to be communicated
- Who is to be the communicator
- Who is to be the recipient.

For the second function, the ASD needs to establish itself as a clearinghouse for the exchange of program information among local programs. There are three alternatives for accomplishing this objective:

1) The ASD can be an active agent in the gathering and dissemination of local program information.

2) The ASD can take a passive role; that is, it only distributes information that local programs specifically request to be distributed.

3) Some combination of the above.

If the first option is selected, the ASD must go through a process (action plan) similar to the one proposed for development of its role as a communicator of state information - identification of what is to be communicated, by whom, to whom, etc. Option 2, on the other hand, will require the ASD to develop procedures for the submittal of information by local programs and for its role as the disseminator.

Management reporting by the ASD is a specialized form of communications that is designed to provide feedback to interested people on the results of state-wide program activities. As such, management reporting is an effective tool only when it can compare actual activity to planned activity. Thus, this communication function will not really be meaningful until a thorough planning system has been designed and implemented.

Assuming that the planning system will be developed, a few basic reports should be issued on a periodic basis (monthly or quarterly). These reports are:

- A progress reporting, where feasible, on the accomplishment of the objectives detailed in the state-wide plan.
- A financial report on state and federal funds detailing actual expenditures as opposed to budgeted expenses.
- A program report detailing numbers and types of services delivered, numbers of clients serviced, referrals, completions, etc.

Over time, the management reporting system can become more sophisticated and/or responsive to other users as the need arises. The three basic report types listed above, however, will provide the Advisory Council, citizens and the like with a fundamental set of management information.

Technical Assistance

The structure for provision of technical assistance by the ASD has been outlined in considerable detail in an earlier section, Technical Assistance Systems. It is important, however, to identify in this section on ASD responsibilities that the agency does have a technical assistance role. Further, this technical assistance role needs to be limited, in the short term, to the development and implementation of management tools for use at the local program level.

One other responsibility identified in our study was the need for the ASD to assume a leadership role in community development. This role should have two facets:

- The ASD should construct a master plan for community development activities throughout the state. This plan should include an identification of the areas targeted for development, timetables, specific actions to be taken, who is to be responsible for development activities (usually a team of local program personnel) and what resources will be needed.

- The ASD should develop a standard package of materials for use in community development. The agency should also provide special support services to community development activities whether they require special materials, manpower, etc.

Other community development responsibilities are described in the section on local programs.

IV. THE ROLE OF THE ADVISORY COUNCIL

IV. THE ROLE OF THE ADVISORY COUNCIL

ORGANIZATION

Three recommendations are relevant to the organization of the Council based upon our findings.

1) Modify the composition of the Council.

2) Modify the size or working relationship of the Council.

3) Modify the reporting relationship of the Council.

Assuming the Council remains an eighteen member body and is advisory for both alcohol and drug services, a logical composition would be as follows:

- 6 members selected on the basis of geography; one from each of the 5 CHP regions and 1 from the Indian cultural region.
- 1 member who is a local program director or administrator.
- 1 member who is a representative of the MICADA.
- 1 member who is an educator in the public school system.
- 1 member who is an educator in the post-secondary education system.
- 1 member who is a local community medical doctor.
- 1 member who is a local community law enforcement official.
- 1 member who has been a client of alcohol services.
- 1 member who has been a client of drug services.
- 1 member who is a purveyor of alcoholic beverages.
- 3 members to be chosen at large and who may represent special interests such as age, politics, etc.

If such a composition is accepted, the ASD will have to develop procedures and guidelines for the nomination and selection of candidates for each cateogry. Some categories will not present any problems but a few, such as the representatives from the Indian cultural region and the local program directors, will require very precise nominating procedures. In particular, the procedures will have to ensure that the nominees are truly representative of their categories of concern.

We identified the size of the Council as a problem in its working relationships. To reduce the size of the Council and maintain adequate representation (the Council would have to be reduced to 7-10 members), would seem to be infeasible at this time. Therefore, the Council should develop formal working committees with specified responsibilities and authorities. Two of the more important committees would be:

- Executive Committee - This committee would be empowered to make interim decisions for the Council and as such would be used for resolution of short notice issues and problems.

- Evaluation Committee - This committee would be responsible for performing an annual evaluation of the state-wide program for presentation to the State Agency Director and the Governor.

The Council will undoubtedly identify the need for other committees as it assumes its responsibilities. The important point is that as committees are formed, they should be kept small and their responsibilities and authorities clearly delineated.

A final recommendation with respect to organization is that the Advisory Council should be designated as advisory to the Governor as well as the state agency. This role needs to be clearly defined in terms of how the Council is to report to the governor

as well as how often.

It would appear that the most appropriate mechanism would be for the Council to report on an annual basis with a written evaluation (see Evaluation Committee above). This written evaluation would be followed-up with an oral presentation by the proposed executive committee.

Responsibilities

The major responsibility of the Council is to advise the state agency on the direction of the state-wide program. This responsibility can be further specified as participation in three critical decision-making activities:

1) Goal identification and objective setting for the state-wide program.

2) Resource allocation to the category and element levels (see the discussion on planning systems).

3) Commenting on how well grant decisions reflect state-wide objectives and resource allocation decisions to the category and element levels.

The Council will, in contrast, not be involved in the actual awarding of grants which is an operational decision. This concept can be expanded to all operations; the Council should be informed of operations through management reporting but should not get involved in the day to day operations of the ASD (e.g., grants management).

In the previous discussion on organization, there were several references to the Advisory Council performing evaluations. This is a function that is a "must" responsibility of the Advisory Council.

The objective of the Advisory Council evaluation is to provide an ex post facto look at how well the state-wide program did in accomplishing its objectives over the past year. As such, the evaluation program will need to have a clearly stated work plan with identified products. As a minimum, the evaluation should include:

- Accomplishments or lack of accomplishment with respect to each state-wide objective.
- A statement of problems encountered, specifying the scope, source and potential solutions to each.
- An evaluation of how well the administrative processes (e.g., planning) functioned.
- Recommendations for modifying state-wide directions in future cycles.

Regarding its advocacy role, the Advisory Council should develop a positive program for communicating to the public. The program should specify a plan for each member to meet with community groups to explain the objectives and action plan for alcohol services. It has been our experience, that if a formal program isn't developed the job won't get done or will be executed with little consistency.

Rationale for a Council

An advisory council has one major purpose for its existence - it is a formal representation of the citizenry in governmental decision making. When advisory to a state agency, it represents as a body, the interests of all citizens of the state. However, the real strength of an advisory council is that it pools community level intelligence into a tool that can substantially assist state agencies in the exercise of their responsibilities.

The Advisory Council to Alcohol Services has a very necessary role in the planning and delivery of services to clients in Montana State. A major foundation for this role is that alcohol services are largely delivered through a community based delivery structure. This community based system, in turn, is highly dependent upon acceptance by local governments and local communities if it is to be effective. Without this support, alcohol services programs will continue to exist only through state centers of some form.

It is important, therefore, to ensure that there is community level participation in state programming activities. The Advisory Council provides a viable mechanism for accomplishing that participation. That is, it is a body whose members are selected on the basis of community representation, it is of manageable size and it provides continuity to the citizen input (contrast the use of a council to public hearings).

The Advisory Council also serves an important function to the state agency; it is one of the mechanisms for state participation in local level programming. A strong and well informed advisory council will undoubtedly be the best communicator of state direction to the community levels. Its members are part of the community and know how to transmit ideas and programs in a language that is common to their interests.

The value of the Advisory Council, however, is only existent when it does participate in a meaningful way. This concept is not an easy one to follow. Too often an Advisory Council is used as a "rubber stamp" or is permitted to become entangled in day to day operations. Neither of these is the role of the Advisory Council - it exists to bring a citizen's view to the use of federal, state and local resources in state-level planning and delivery of service.

V. THE ROLE OF THE MICADA

V. THE ROLE OF THE MICADA

If the proposed planning and technical assistance systems are adopted, the relationship of the MICADA to the ASD should become much clearer. However, as stated in our findings there are certain responsibilities that need to be delegated to the MICADA if it is the representative of the Indian programs. These responsibilities relate basically to administrative functions.

The basic concept would be that the MICADA would serve as an arm of the ASD for managing and thus accountable for the operational functions relating to the Indian programs (e.g., grants management). Specifically, the responsibilities of the MICADA would be:

- To ensure that the Indidan programs develop proposed operations plans (grant requests) that are consistent with state-wide objectives and resource allocations.
- To ensure that the funded Indian programs provide the services and accomplish the results specified in their grant requests.
- To ensure that the funded Indian programs maintain records that satisfy legal accountability requirements.
- To conduct audits of funded programs.
- To ensure that funded programs provide program and fiscal reporting in terms of both raw statistics and management needs.
- Where feasible, to perform other administrative tasks such as licensing, certification of programs, certification of personnel, etc.

To make this role an actuality, the MICADA and the ASD together must develop very precise guidelines for each of the above responsibilities. Further, the working procedures and reporting between the MICADA and the ASD should be defined before these responsibilities are assumed by the MICADA. This latter requirement is especially important to establishing the nature of the accountability of the MICADA to the state.

As stated in the responsibilities of the Advisory Council, the MICADA needs to develop a formal advocacy program. The same rules and procedures would hold for the MICADA program as outlined for the Advisory Council.

MICADA's role in the planning process parallels that of the Advisory Council. The organization should participate in the identification of goals, setting of objectives and resource allocation to the category and element levels. As the ASD develops the planning system, it will need to build in procedures to ensure this participation. Hopefully, this increased participation will lead to an increased integration of planning for and delivery of services to Indian and non-Indian clients.

VI. THE ROLE OF LOCAL PROGRAMS

VI. THE ROLE OF LOCAL PROGRAMS

The primary role of the local programs is that of service delivery agent for the state-wide program. This includes both Indian and non-Indian programs but it is assumed that the MICADA is the chief representative of the Indian programs. Associated with this role are a number of responsibilities that logically belong to the local programs. These responsibilities are:

- To participate in the state-wide planning process.
- To serve as a resource to the ASD and the Advisory Council.
- To develop operations plan (grant requests) for their programs that are consistent with the state-wide objectives and resource allocations to the category and element levels.
- To keep adequate records so as to satisfy legal accountability requirements.
- To provide the state with program statistics as a major input to the planning process and for management reporting.
- To assist the ASD in the development of support systems.

Local programs will participate in the planning process through two avenues: 1) with representation on the Advisory Council, local programs will participate in that organization's responsibilities, and 2) local programs will participate along with the ASD, the Council and the MICADA in goal identification, objective setting and resource allocation to the category and element levels. When participating at this level, it is important to remember that local program representatives will be defining state rather than regional or community direction.

In order to make its responsibility as a resource meaningful, the local programs should establish some formal procedures for assistance. The most important element of these procedures is probably organization because program directors and administrators have a limited amount of time to devote to these activities. This organization most logically should take the form of assignments of program personnel (probably from 1-3 people) to specific groups, such as:

- The ASD or any sub-unit of the ASD.
- The Advisory Council and in particular the executive and evaluation committees if adopted.
- Any interagency committees that might be organized. (Refer to the next section for a further discussion on this subject).

Other procedures will need to be developed as to how assistance is to be requested, what is to be provided and how it is to be financed.

Operational planning, record keeping and support systems development are all responsibilities that need to be developed in conjunction with the ASD. Each of these functions remain the basic responsibility of local programs to implement but they must be consistent with state and federal funding requirements. Further detail relating to these functions is delineated in the recommendations on planning and technical assistance systems in earlier sections.

One other responsibility identified in our findings is that of community development. This subject has also been discussed in the section on ASD responsibilities.

The role of the local programs in this function is to serve as the lead in community development. After a master plan has been

developed at the state level, the ASD and local program directors will need to develop an action plan, by community, for accomplishing the state-wide objectives. The action plan should specify what is to be done, when it is to be done, what support is needed and who specifically is to be responsible for accomplishing the action.

VII. OTHER AGENCY COORDINATION

VII. OTHER AGENCY COORDINATION

A major deficiency that was uncovered in our study was the lack of formal coordination among various state agencies concerned with alcohol services. The obvious jurisdictional problems associated with state services prevents a complete integrated planning process from being implemented in the short term. Progress in that direction, however, could be accomplished with the reintroduction of formal relationships among concerned agencies.

The governor has a cabinet level committee of agency directors who deal with broad policy issues concerning social service problems. We believe this concept can profitably be carried down to the specific service level - in this case alcohol services - with authority and monitoring established by the governor's committee.

As a beginning, an interagency committee should be formally established consisting of at minimum:

- Alcohol Services
- Drug Services
- Mental Health Services
- Public Instruction
- Higher Education
- The Governor's Office
- State Level Law Enforcement Agencies

This group would be chaired by the ASD Administrator and other agencies could be added as appropriate.

The interagency committee would serve two major purposes:

1) Provide a forum for discussion of alcohol services program initiatives promoted by the individual agencies, and;

2) Probably more important, develop a process to accomplish integrated planning for all alcohol services.

The development of an integrated planning process is a long term venture but the existence of a forum will definitely contribute to service delivery coordination. In addition, the interagency committee will provide a mechanism for the input of priorities and policies from the Governor's Cabinet to the service delivery agencies.

VIII. DECISION-MAKING PROCESSES

VIII. DECISION-MAKING PROCESSES

Throughout our discussion on recommendations we have detailed processes and structures for decision making. One of the major elements discussed was the program structure proposed in the planning system (that one is based on types of services). This is clearly the key element in developing decision making processes for it provides the basis for comparisons. However, it is important to point out that there may be a need to develop other decision structures such as one based upon types of client.

Assuming a program structure will be adopted, the second task to be accomplished is to identify and classify major decision points in the activities of the Alcohol Services program. A skeleton summary of a few of these decisions points is shown as an example in Exhibit VII. More detail will have to be added as the planning, controlling and evaluation systems are developed.

Step 3 in the development of decision processes is the construction of procedures so that each decision will be approached uniformly. The underlying concept for these procedures is to ensure that alternatives are produced so that the key procedure in decision making is always the selection of the best alternative.

The procedure set should follow these guidelines:

1) Identify the type and scope of decision required including who is to be the decision maker.

2) Gather the appropriate information surrounding the decision including the timetable for conclusion.

3) Analyze the information and the issue to establish possible impacts.

EXAMPLE OF IDENTIFICATION OF DECISION POINTS

FUNCTION	DECISION POINTS
Planning Process	. Identify goals; set objectives.
	. Resource allocation to the category and element levels.
	. Funding of local programs.
Execution and Control	. Payment for services delivered by local programs.
	. Need for program modifications because of lack of contract or legal compliance.
	. Whether or not technical assistance is to be provided.
Evaluation	. What evaluation techniques are to be used.
	. Who and what is to be evaluated (state and local levels).
	. Who is to conduct the evaluation.

4) Develop possible alternative solutions.

5) Select the best alternative.

6) Review and modify the decision as appropriate.

7) Communicate the decision.

It may be that as a starting point the ASD will not want to make the process any more complex than the above guidelines. Experience with the procedures will dictate the need for more detail.